

# MARION COUNTY BOARD OF COUNTY COMMISSIONERS

## APPLICATION FOR APPOINTMENT TO ADVISORY BOARD

APPLICATION DATE: March 11, 2025

BOARD NAME: Marion County Hospital District

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### PERSONAL INFORMATION

Name: Rick Hugli  
Occupation: Funeral Director  
If Retired, previous occupation: \_\_\_\_\_  
Address: [REDACTED]  
City: Ocala State: FL ZIP: 34471  
Phone#: 1-251-406-2622  
E-mail Address: jrh3\_99@yahoo.com

### MAILING ADDRESS (If different from residence):

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Is your address or any other personal information exempt under Florida Statute 119.70? Yes \_\_\_ No X  
If yes, please submit a signed Marion County Public Records Act Exempt Form (available upon request).

What is your preferred form of communication? Phone \_\_\_ Mail \_\_\_ Email X

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The following data is collected in accordance with Florida Statute, Section 760.80, for the purpose of statistical reporting and ensuring compliance with diversity and inclusion guidelines. Your responses will be kept confidential and will not affect your application.

Gender: Male X Female \_\_\_ Prefer not to disclose \_\_\_

Physically Disabled: Yes \_\_\_ No X Prefer not to disclose \_\_\_

Race: African-American \_\_\_ Native-American \_\_\_ Caucasian X Other \_\_\_  
Hispanic/Latino \_\_\_ Asian -American \_\_\_ Prefer not to disclose \_\_\_

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Are you a registered voter? Yes X No \_\_\_

Do you own homestead property in Marion County? Yes X No \_\_\_

Are you employed by Marion County or have relatives that are Marion County employees? Yes \_\_\_ No X  
If yes, please provide position, department and/or relationship to County employee and their position/department

Do you currently work for an entity or agency that either receives funding from, or has a contract with the County to perform services? Yes \_\_\_ No X

Are you, your spouse, or children, currently an officer, director, or partner in any entity or agency that receives funding from, or has a contract with the county? Yes \_\_\_ No X

If yes, please submit a signed **FORM 4a - Disclosure of Business Transaction, Relationship, or Interest**. (Available upon request).

Have you been convicted (including a withholding of adjudication), pled guilty or pled to a Nolo Contendere (no contest) to a misdemeanor or felony (including a criminal traffic violation)? Yes \_\_\_ No X

A 'YES' answer will not automatically disqualify you from serving on an advisory board. The nature, severity, and date of the offense will be considered in relation to the position. If unsure about the details of a criminal case, contact the relevant agency to ensure accuracy when reporting your history. Failure to do so may result in removal from the board. If you answered 'YES,' please provide details. You may use an additional sheet if needed.

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**WHY DO YOU DESIRE TO SERVE ON THIS/THESE BOARDS?**

*(Include current or previous work experience; community involvement; interests/activities)*

I am a native of Ocala and I believe strongly in the initiatives, programs and resources that the Hospital District continues to make available to the people of Ocala/ Marion County. These programs show a care and concern that is a must to all of humanity. I would like to help make a contribution to my Marion County neighbors and help the Marion County Hospital Board continue to be an example within the County and show our Florida neighbors the vales and resources we share with our community.

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**SERVING ON OTHER BOARDS**

Do you currently serve on any other boards in Florida, or are you an elected or appointed state, county (Marion County or other county) or municipal ("city") office holder? Yes \_\_\_ No \_\_\_

If yes, which board? \_\_\_\_\_

*(Important: You may not serve on more than one (1) Substantive Board: Board of Adjustment; Code Enforcement Board; License Review Board; Land Development Regulation Commission; Historical Commission; Hospital District Board of Trustees; Housing Finance Authority; Industrial Development Authority; Tourist Development Council; Parks and Recreation Advisory Council)*

Have you ever served on a City or County advisory board? Yes X No \_\_\_

If yes, when, where and which board(s)? Presently serve on The Ocala Historic Preservation Advisory Board

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**REFERENCES - Please list three (3) personal and/or business references**

**(PLEASE DO NOT USE COMMISSIONERS or COUNTY ADMINISTRATION STAFF as REFERENCES)**

Name: Dennis K. Baxley  
Phone Number: [REDACTED] Email: \_\_\_\_\_

Name: Dr. Claudia Emmons, MD  
Phone Number: [REDACTED] Email: \_\_\_\_\_

Name: Bill McCall  
Phone Number: [REDACTED] Email: \_\_\_\_\_

**INITIAL:** RH I authorize Marion County to contact my references and I understand that all statements made on this application may be verified by Marion County.

**INITIAL:** RH I understand the responsibilities associated with being a board member, and I have adequate time to serve if appointed.

**INITIAL:** RH I agree to complete training within six (6) months from the date of my appointment.

**INITIAL:** RH I understand that submitting this application makes all provided information public record, subject to disclosure under applicable laws unless exempt under Florida Statute 119.071. I confirm the accuracy of all details provided and their suitability for public release.

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**By signing this application, I certify that the information I provided in this application is true and correct, and that any misstatements or material omissions on my application may result in my removal from my appointed position.**

**SIGN:** *Rick Hugli*

**DATE:** March 11, 2025

**PRINT:** Rick Hugli

**RECEIVED BY BCC:** **MARION COUNTY BCC**  
**MAR 11 2025**

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This application will be kept on file for a period of one year from date of receipt by the Board of County Commissioners.

**RETURN FORM TO:**

MARION COUNTY BOARD OF COUNTY COMMISSIONERS 601 SE 25th Avenue, Ocala, FL 34471

Or via email to: [Commissionadmin@marionfl.org](mailto:Commissionadmin@marionfl.org)

PLEASE CALL THE COMMISSION OFFICE AT (352) 438-2323 IF YOU HAVE ANY QUESTIONS REGARDING YOUR APPLICATION.